

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032057

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 95

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY

Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)

Hudsonville

Length of stay in lb

9 days

c. FULL NAME OF (If NOT in hospital, give location)

Lincoln Memorial Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Hickory

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Tyler Township

d. STREET ADDRESS

(If outside, give location)

6 Miles East of Weaubleau

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

Ray

Amel

Oesch

4. DATE OF DEATH

Month

Day

Year

Aug

18

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-1-96

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Weaubleau, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John C. Oesch

## 13b. MOTHER'S MAIDEN NAME

Annie Dierker

## 14. NAME OF HUSBAND OR WIFE

Libura Oesch

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Libura Oesch - Weaubleau, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Agranulocytosis &amp; acute

## INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cellulitis &amp; Septicemia

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8/9/62

to 8/18/62

and last saw him live on 8/18/62

## Death occurred at

9:15

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

D. H. Robinson

(Degree or title)

M.D.

## 22b. ADDRESS

Hudsonville, Mo.

## 22c. DATE SIGNED

8/21/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug 21 62

## 23c. NAME OF CEMETERY OR CREMATORY

Crestingood Cemetery Weaubleau, Mo.

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

Address

Robert H. Hattaway - Weaubleau, Mo.

## 25. DATE RECD. BY LOCAL REG.

Aug. 31, 1962

## 26. REGISTRAR'S SIGNATURE

Ralph Gordon Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

6840

20430

3

4 0

5 1

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8 2

9297X

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas. Gilbert Litterway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.